

## **Table of Contents**

**State/Territory Name: Arizona**

**State Plan Amendment (SPA) #: 21-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 21, 2021

Jami Snyder, Director  
Arizona Health Care Cost Containment System  
801 East Jefferson Street  
Phoenix, AZ 85034

Re: Arizona State Plan Amendment (SPA) 21-013

Dear Ms. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-013. This amendment adds clinical nurse specialist as a service under the Other Licensed Practitioner (OLP) benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.60. This letter is to inform you that Arizona Medicaid SPA 21-013 was approved on December 20, 2021, with an effective date of October 1, 2021.

If you have any questions, please contact Brian Zolynas at 415-706-1526 or via email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov)

Sincerely,

ally signed by James  
ott -S  
: 2021.12.21 12:08:19  
0'

James G. Scott, Director  
Division of Program Operations

cc: Dana Flannery, AHCCCS  
Ruben Soliz, AHCCCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-013</b>	2. STATE <b>AZ</b>
<b>FOR: Centers for Medicare and Medicaid Services</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2021</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.60</b>		7. FEDERAL BUDGET IMPACT: <b>\$0</b> FFY 22 \$0 FFY 23 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A Limitations - page 6</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 3.1-A Limitations - page 6</b>	
10. SUBJECT OF AMENDMENT: <b>Adds Clinical Nurse Specialist as an other practitioners' service</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> <b>GOVERNOR'S OFFICE REPORTED NO COMMENT</b> <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Dana Flannery 801 E. Jefferson, MD#4200 Phoenix, AZ 85034</b>	
13. TYPED NAME: <b>Dana Flannery</b>			
14. TITLE: <b>Assistant Director</b>			
15. DATE SUBMITTED: <b>10/28/2021 9/28/2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>September 28, 2021</b>		18. DATE APPROVED: <b>December 20, 2021</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 1, 2021</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by James G. Scott -S Date: 2021.12.21 12:08:55 -06'00'</small>	
21. TYPED NAME: <b>James G. Scott</b>		22. TITLE: <b>Director, Division of Program Operations</b>	
23. REMARKS: <b>Pen-and-ink changes made to Boxes 7 and 15 with approval of the state on 12/15/2021.</b>			

**6. Medical care and any other types of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.**

**6b. Optometrists' services.**

Optometrists' services when they are provided by a licensed optometrist. See section 12d for limitations on eyeglasses and contact lenses.

**6d. Other practitioners' services.**

Other practitioners' services provided by:

- i. Services of a licensed respiratory therapist within the scope of practice according to state law.
- ii. Services of a licensed Certified Nurse Practitioner within their scope of practice according to state law.
- iii. Services of a licensed Certified Registered Nurse Anesthetist within their scope of practice according to state law.
- iv. Services of a licensed Non-physician First Surgical Assistants and Physician Assistant within their scope of practice according to state law.
- v. Services of a licensed midwife within their scope of practice according to state law.
- vi. Services of a licensed affiliated practice dental hygienist within their scope of practice according to state law.
- vii. Services of a licensed social worker within their scope of practice according to state law.
- viii. Services of a licensed physician assistant within their scope of practice according to state law.
- ix. Services of a licensed psychologist within their scope of practice according to state law.
- x. Services of a licensed counselor within their scope of practice according to state law.
- xi. Services of a licensed registered nurse within their scope of practice according to state law.
- xii. Services of a licensed psychiatric nurse practitioner within their scope of practice according to state law.
- xiii. Services of a licensed marriage and family therapist within their scope of practice according to state law.
- xiv. Services of a licensed substance abuse counselor within their scope of practice according to state law.
- xv. Services of an ADHS licensed Emergency Medical Care Technician (EMCT) within their scope of practice according to state law
- xvi. Services of a licensed Clinical Nurse Specialist within their scope of practice according to state law